

GARNER POLICE DEPARTMENT
NOTICE OF MANDATORY PHYSICAL FITNESS RE-TESTING



Name of Employee: _____

Date of Original Test: _____ Original Test Result: _____

Based on your most recent semi-annual fitness test result, you have failed to meet either the Minimum Performance Standard or the Department's Fitness Standard. As outlined in GPD Directive 310.12.6 or 310.12.7, *Physical Fitness*, you are required to participate in the remedial fitness program. You are required to complete a minimum of four (4) one-hour exercise sessions every seven (7) days. At least one (1) of the sessions must be led by a Department fitness instructor. This form must be submitted to the Personnel and Training Sergeant upon completion.

By initialing below, I acknowledge my participation in the listed fitness sessions. For Department led sessions, Department instructor must also initial.

Week #1: _____ Circle "I" (Individual session) or "D" (Department led session)

	Date	Officer Initials	Description of Workout
Workout #1:	_____	_____	"I" or "D" _____
Workout #2:	_____	_____	"I" or "D" _____
Workout #3:	_____	_____	"I" or "D" _____
Workout #4:	_____	_____	"I" or "D" _____

Supervisor Signature

By initialing below, I acknowledge my participation in the listed fitness sessions. For Department led sessions, Department instructor must also initial.

Week #2: _____ Circle "I" (Individual session) or "D" (Department led session)

	Date	Officer Initials	Description of Workout
Workout #1:	_____	_____	"I" or "D" _____
Workout #2:	_____	_____	"I" or "D" _____
Workout #3:	_____	_____	"I" or "D" _____
Workout #4:	_____	_____	"I" or "D" _____

Supervisor Signature

By initialing below, I acknowledge my participation in the listed fitness sessions. For Department led sessions, Department instructor must also initial.

Week #3: _____ Circle "I" (Individual session) or "D" (Department led session)

	Date	Officer Initials	Description of Workout
Workout #1:	_____	_____	"I" or "D" _____
Workout #2:	_____	_____	"I" or "D" _____
Workout #3:	_____	_____	"I" or "D" _____
Workout #4:	_____	_____	"I" or "D" _____

Supervisor Signature

By initialing below, I acknowledge my participation in the listed fitness sessions. For Department led sessions, Department instructor must also initial.

Week #4: _____ Circle "I" (Individual session) or "D" (Department led session)

	Date	Officer Initials	Description of Workout
Workout #1:	_____	_____	"I" or "D" _____
Workout #2:	_____	_____	"I" or "D" _____
Workout #3:	_____	_____	"I" or "D" _____
Workout #4:	_____	_____	"I" or "D" _____

Supervisor Signature

By signing below, I acknowledge that I have participated in the above workout sessions. I understand that there are resources available through the Department to assist me and that the purpose of the fitness program is to promote officer and public safety.

Employee signature

Date

P&T Sgt. signature

Date

*Original to P&T Sergeant * Copy to Employee * Copy to Personnel File*